Mariposa Care Limited

Briardene Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 4 October 2017 and was unannounced. A second day of inspection took place on 5 October 2017 which was announced. This was the first inspection of Briardene Care Home with the provider Mariposa Care Limited who were registered as the provider since 28 July 2017.

Briardene Care Home is a 59 bed care home that provides personal and nursing care to older people, some of whom are living with a dementia. Accommodation is provided over two floors, with each bedroom having ensuite toilet and wash basin facilities. In addition specialised bathing and showering facilities are available.

At the time of the inspection there were 50 people using the service.

The service had a registered manager but they were currently absent due to a period of planned leave. The deputy manager was managing the home and had been in the position of acting manager since August 2017.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider of Briardene Care Home had recently changed and it had been recognised that there were areas of the Home which required improvements. Ongoing improvements were being made to documentation and an overarching action plan was being developed.

Various quality monitoring systems and audits were being completed which had identified areas that needed to improve. The acting manager had a priority list for ensuring peoples care plans, risk assessments and documents relating to the provision of care were renewed and updated. The acting manager was tracking this to ensure timely completion. Where care documentation had been rewritten the information was detailed and specific to the person. Risks had been appropriately assessed and mitigated however work was ongoing to ensure all records met the required standard.

People, relatives and staff were positive about the approach of the acting manager and everyone made positive comments about the changes and improvements that were being made. People and staff told us the acting manager was approachable, supportive and "got things done."

Team meetings were in place and there had been a recent introduction of heads of department meetings. The acting manager had plans to work towards comprehensive reviews of clinical procedures within clinical staff meetings.

Staff told us they felt well supported and most of the staff had attended at least one supervision since the new provider had been in place. Plans were in place to ensure supervision meetings were planned for the remainder of the year. Appraisals had not yet been completed. The acting manager was conscious that they needed to get to know the staff first before assessing their performance. Training was provided and the provider was currently assessing the need for a review of some training, including dementia awareness. Some staff had yet to attend refresher training.

Complaints, safeguarding concerns and accidents and incidents were logged. It was evident that improvements had been made following any concerns however lessons learnt were not always clearly recorded and the outcomes of complaints not always logged.

An activities coordinator was in post who was working with people to identify what their interests and hobbies were so activities could be tailored to their needs. They were also meeting with people and families to complete one page profiles and 'This is Me' documents so staff could get to know the person and their life history.

People were very complimentary about the approach of staff and said they were treated with care and kindness. One person commented, "They say there is no place like home, well this is the next best thing for me." Another person had written on a quality assurance survey, 'My life at Briardene has been some of my happiest.' We observed people were treated with compassion and respect.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Information about capacity and best interest decisions was included in some, but not all, people's care documentation.

People were appropriately supported with nutrition and hydration. There was access to a range of healthcare professionals and people confirmed they received medical support when needed. Medicines were managed and administered in a safe way.

People and staff told us there were enough staff as agency staff were currently being used whilst a recruitment campaign for permanent staff was ongoing. The acting manager had been proactive with the agencies to ensure the same staff worked at Briardene Care Home to ensure consistency for people.

Safe recruitment practices were followed, and nursing and midwifery council checks were completed on a monthly basis. The provider confirmed that Disclosure and Barring Service checks were completed prior to recruitment.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Some risk assessments were in place however some specific risks had not been assessed and mitigated. The acting manager was aware improvements were needed and had a plan in place to update each person's care records.

Staffing levels were appropriately met with the use of consistent agency staff. A recruitment campaign was in place and the acting manager was working to ensure permanent staff were in post. Safe recruitment procedures were in place.

Medicines were managed and administered in a safe way.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff told us they were well supported and trained to meet people's needs. There were some gaps identified on the training matrix and plans were in place to ensure staff had attended all relevant training.

The principles of the Mental Capacity Act (2005) were followed and applications had been made for Deprivation of Liberty Safeguards where appropriate. Information on people's assessed capacity was included in some care plans but not all.

People told us, and records confirmed, there was access to external healthcare professionals when needed and advice and guidance was followed.

There was limited environmental stimulation to support and orient people living with a dementia. We have made a recommendation about this.

Is the service caring?

Good

The service was caring.

People are relatives were very complimentary about the care and

support they received from the staff.

We observed warm and engaging relationships and staff spoke about people with care and respect.

People and their relatives were involved with the service following the reintroduction of residents and relatives meetings. People had also received feedback surveys so they could comment on their experience of life at Briardene Care Home.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Care plans and care documentation was being rewritten to ensure appropriate, accurate and up to date information was available to ensure staff could meet people's needs safely.

'This is Me' documents were being completed to ensure staff knew about people's interests and life story.

Complaints were logged and investigated. Action was taken to respond to concerns and make improvements, however the outcome of complaints was not always recorded.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

It had been recognised by the provider and acting manager that improvements were needed.

Various quality assurance systems were being used which had identified areas for improvement.

An overarching action plan was in place which detailed who was responsible for the improvements within a specified time-frame. This had been introduced during the inspection.

People and staff were confident that under the leadership of the acting manager Briardene Care Home was improving.

Briardene Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was prompted in part, by the number of safeguarding notifications and concerns being received by the Commission. Day one of the inspection took place on 4 October 2017 and was unannounced. This meant the provider did not know we would be visiting. A second day of inspection took place on 5 October 2017 which was announced. This was the first inspection of Briardene Care Home with the current provider Mariposa Care Limited who had been the provider of the home since 28 July 2017.

The inspection team was made up on one adult social care inspector, a specialist advisor who was a nurse and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about.

We also contacted the local authority commissioning team, CCG and the safeguarding adult's team. We contacted the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection we spoke with 14 people living at the service and two relatives. We also spoke with the acting manager, three nurses, the clinical support assistant, five members of care staff, the activities coordinator, a domestic and the maintenance man. We spoke with the hairdresser, administrator, regional manager and the rapid response project manager as well as the activities co-ordinator.

We reviewed ten people's care records and five staff files including recruitment, supervision and training information. We reviewed medicine records for four people, as well as records relating to the management

of the service.

We looked around the building and spent time in the communal areas. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Requires Improvement

Is the service safe?

Our findings

During the inspection we looked at how risks were assessed and managed to reduce the potential for harm or injury. Risk assessment were in place for mobility, falls, tissue viability, nutritional needs and behaviours which others may find challenging. The risks were clearly identified and some actions to mitigate and reduce risks were evident, for example to ensure equipment was in good working order. For people who were living with epilepsy we did not see any risk assessments in relation to bathing and epilepsy. This is a potential area of high risk and should be assessed and actions taken to minimise and mitigate any risk. Not everyone who had been assessed as needing bed rails had a risk assessment in place.

The acting manager was aware that care documentation, including risk assessments, needed to be rewritten to ensure they were accurate and up to date. They had completed a priority list for the completion of new care documentation for people. Actions were also recorded on the homes overarching action plan.

All the people we spoke with told us they felt safe. One person said, "This is the best place to be, I'm safe, I'm well and I'm looked after." Another person said, "It's not bad here at all, there's always someone close by to help if you need it." A third person told us, "I feel quite safe, they're all smashing, I get my meds when I should and there seems enough staff." Other people said, "I'm quite happy with everything, quite content." "Everyone is friendly, I feel quite safe, I eat whatever I'm given and enjoy it and the staff are alright."

A relative said, "[Family member] is safe, this is her safe place." A nurse told us, "I am well aware of safeguarding issues and process, we have extensive training in this and whistleblowing." A care worker said, "If I have safeguarding concerns I will go straight to the nurse in charge."

A safeguarding file was in place which included a log of alerts and the immediate action taken to safeguard people. Accidents and incidents were also logged, and it was evident that action had been taken, such as seeking medical input, attending hospital, and the review and update of care plans and risk assessments.

We observed the fire alarms were sounded on day one of the inspection and staff responded appropriately and attended the fire panel before taking direction from the manager. It was found that the toaster had activated the alarm accidentally. This was recorded in the fire log book alongside the required routine checks of equipment.

The maintenance person was a time-served builder and was knowledgeable about their role and responsibilities. They were able to explain how maintenance was managed within the home. They said, "I do bedroom checks, window restrictor checks etc. All the wardrobes are fixed to the walls for safety. We put risk assessments in place for the use of ladders and if there's work in corridors we use barriers." They also said, "There was a big refurbishment about eight months ago and the bedrooms are redone regularly."

Appropriate health and safety checks were completed in house, as well as external contractors who had overall oversight of fire safety and legionella checks. Appropriate portable appliance testing, gas safety, electrical installation condition reports and Lifting Operations Lifting Equipment Regulations (LOLER)

checks were all completed to the required timeframes.

People and relatives told us there were enough staff. An agency nurse said, "There are enough staff to do the work required. There are more staff in a morning to support with getting people up." A care worker said, "Yes, there's enough staff to care for people, it has been down but we are on the up now and its fine." Our observations were that staffing levels were appropriate and there was evidence of good teamwork.

We reviewed the dependency tool against staff rotas and saw that, with the use of agency staff, the required staffing levels were in place. The acting manager had worked proactively with the agencies to ensure the same agency staff were provided to work at Briardene Care Home to ensure consistency in care. The agency staff we spoke with confirmed they attended regular shifts at the home which enable them to get to know people so they could provide appropriate care and lead the shifts.

It was also noted that the activities coordinator worked alternate Saturdays ensuring people had access to planned activities every other weekend. A clinical support assistant was in post who had attended a 12 week course to enable them to support the nursing staff with some aspects of clinical care such as medicine administration and some wound dressings. During the course aspects of their clinical competency was assessed and signed off.

An ongoing recruitment campaign was in place and the acting manager was working to recruit a full complement of permanent staff.

Where staff had been recruited safe practices had been followed which included an application form and interview, seeking and verifying of two references and the completion of an enhanced Disclosure and Barring Service (DBS) check. DBS checks are used to enable employers to make appropriate decisions to ensure only suitable people are employed to work with vulnerable adults and children.

Nursing and Midwifery Council (NMC) checks were completed on a monthly basis to ensure there were no conditions on the nurse's ability to practice and to monitor dates for nurse revalidations.

Medicines were administered and managed in a safe way. Some prescription medicines are controlled under the Misuse of Drugs legislation and are subject to tighter controls as they are liable to misuse. These drugs were managed safely, with two staff signing the administration followed by a stock check to ensure the correct number were available.

Staff offered people their medicines in a timely and individual way giving them time to take their medicines. Medicine Administration Records (MAR) were completed correctly with no gaps and if someone declined their medicine this was recorded on the reverse of the MAR. Protocols were in place for 'as and when' required medicines which clearly identified the reasons for administration. The nursing staff confirmed they received appropriate training and support and could access guidance from the acting manager, Doctors, nurse specialists and pharmacists.

An agency nurse said, "There are no risks at present with medicines, it's more a cause of getting things in place, such as routines for ordering and returns. Everything is covered though and any concerns are dealt with straight away."

Requires Improvement

Is the service effective?

Our findings

Care staff told us they had up to date appraisals, supervision and training. A care worker said, "Training is mainly on line but some in house such as moving and handling. I have lots of support and we are all encouraged to do NVQs. I have had safeguarding training and know what to do if I have any concerns." Care staff told us they had completed relevant training which included falls prevention, health and safety, food and nutrition, moving and handling practical training and safeguarding. Staff also said they had attended dementia training but felt they needed more awareness in relation to behaviour which may challenge. The regional manager told us the dementia training was being reviewed.

A nurse told us they had been in post for about six months, they said, "I am given supervision and appraisal and they are both up to date. I have enough training and education for my role; it's mainly be E-Learning." Another nurse said, "I have supervision and appraisal both of which are up to date. Training is provided here by E-Learning, I would like more on dementia aetiology and care." This meant they would be more knowledgeable about the causes and types of dementia. They also said, "I've been trained in the Mental Capacity Act and the use of assessments in care planning."

We reviewed the training matrix which had recently been introduced. Some of the training staff had completed had yet to be inputted onto the matrix however it was evident that appropriate training was available for staff. Some staff had yet to attend refresher training in relation to the mental capacity act and deprivation of liberty safeguards, safeguarding of vulnerable adult's and moving and handling. Some practical training had been booked and a plan was in place to ensure staff attended the relevant training. Staff were also able to access training on pressure ulcer care, anaphylaxis and allergen awareness. Training in relation to epilepsy and catheter care was being sourced.

Plans were in place to schedule all staff supervisions for the remainder of the year. Supervisions were used as an opportunity to review performance and recognise achievements and areas for development. A supervision matrix showed that most staff had attended at least one supervision since the new provider had taken over Briardene Care Home.

All the staff we spoke with said they felt supported by the acting manager and that they could discuss any concerns with her. A care worker said, "[Acting manager] is good, she is on the floor and supports us. She is involved and does support us." The clinical support assistant said, "[Acting manager] is approachable and supportive. They are always there for brain storming. I have supervision with either the nurse or the deputy, it's helpful to reflect and raise queries, I can ask questions. It's put on paper so it's all recorded. I haven't had an annual appraisal yet due to the management changes."

An agency nurse said, "I was given an induction to the building and people's medicines, it was done by a senior who knows people well. I was given a summary of people's needs and it's on the handover sheet. The new one is much better as it has people's photos." They added, "The agency do my supervision, but I have informal supervision with [acting manager]."

The acting manager said, "The night nurse is going to start and supervise the night care staff, we are looking to implement a rota for this." We asked about annual appraisals, they said, "I am getting to know people first and then going to complete them." The action plan identified this was to be planned for all staff.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Appropriate applications had been made to the local authority where it was assessed that people lacked capacity and their liberty was being restricted. Each person had a front sheet which detailed all the necessary information in relation to the date of application, the authorisation date and the expiry date. Some people had care plans which clearly identified the areas where they lacked capacity and where best interest decisions should be made, however this was not the case for everyone.

A care worker said, "Mental capacity assessments are done by the nurses and we give the planned care." Another care worker said, "Mental capacity assessments are done by the nurses and I know what they are, they help us give the best care." The clinical support assistant said, "It's about capacity, we would explain the risks to people if they tried to leave and best interest decisions would dictate how we dealt with it."

Mental capacity assessments and best interest decisions had been completed but they were not decision specific, and, there was limited evidence of involvement, for example they were mainly completed by one nurse. For one person we saw a nurse had completed a best interest decision in relation to resuscitation in the event of a cardiac arrest. This decision should only be made via the person's doctor with the involvement of the person and other significant people. A DNACPR was in place which evidenced the person had made the same decision.

People told us the food was either good or okay. Everyone said there were alternatives available if they did not like what was on the menu. A relative explained to us how much their family members health and weight had increased since they moved in to Briardene Care Home. They explained how the staff were doing their best to support the family member to eat even though their interest in food had diminished." One person told us, "It's very good here, everyone is very kind to me, and you get a nice variety of food." Menus had recently been reviewed with the involvement of the people living at Briardene Care Home and plans were in place to introduce pictorial menus to support people with making decisions about their meals.

The clinical support assistant said, "If people have a specialised diet all the information goes to the kitchen, it's updated weekly and there's a copy in the nurses office." People who had nutrition and hydration needs had relevant care plans and risk assessments in place which detailed any specialised diet or equipment needed. People had also been referred to dieticians or speech and language therapy so professional assessment could take place. Each person's room had a jug with juice or water which meant people had access to hydration if they were spending time in their rooms.

We observed people were appropriately supported with their meals however it was more of a functional part of the day than a social, relaxed event. There were no table clothes or cruets on the tables and no background music. Lunch time was over quite quickly, although people were not rushed to finish their meal.

People and relatives confirmed there was access to a range of external health professionals, including GP's, opticians and dentists as well as services such as hairdressers. Care records confirmed the involvement of external healthcare professionals and their advice and guidance was incorporated into care planning. An agency nurse said, "There a weekly GP round on a Tuesday, I'm normally part of it if I'm on shift, we have a list of people and why the GP needs to see them."

One person said, "If you need to see a doctor they will get one for you." Another person told us, "The optician comes in and the doctor comes in." The acting manager showed us they were provided with pictorial information from the opticians which showed peoples glasses and identified the activities people should wear their glasses for. The acting manager explained that this acted as a prompt for staff to remind people to wear their glasses.

People had hospital passports which provide a summary of the key information hospital staff may need to know about the person if they are admitted.

There was limited environmental adaptation to support people living with a dementia to orientate to their surroundings. There was a reminiscence lounge but there were very few items to encourage discussion or aid memory and recall.

It is recommended the provider research dementia friendly environments.

Good

Is the service caring?

Our findings

People were very complimentary about the care and kindness they received from the staff. One person told us, "They say there is no place like home, well this is the next best thing for me, it's cosy and the staff are kind and they look after me, I am happy here." Another person said, "The girls are lovely, smashing; they look after me day and night." Another person said, "All the carers are top of the bill, very caring, old people don't like change so I like to have the carers who know me well and know what I need. What we want we get." We were also told, "The girls are lovely, they're smashing and look after me," another person said, "They're very good, if you need help they are there, they are all very kind to me, very nice people."

Other people commented to us, "Staff are very good, it's a good place to be, I get looked after." Another person said, "I'm quite content with everything, the girls are very good, I can't say better than that."

Our observations were that people were treated with kindness and care. Interactions were warm and respectful and people were offered the time they needed so they were not rushed in any way. A nurse said, "I have no concerns about resident wellbeing or care." An agency nurse said, "It's part of my job to speak to people and I like to spend time with them."

Several people and both relatives we spoke with made positive comments about the improved atmosphere and general improvements since the acting manager had taken over the management of Briardene Care Home. Relatives told us they could visit whenever they wanted to and were always made to feel welcome. Information on advocacy services was available should people need someone to speak up on their behalf.

The care staff we spoke were positive about the people they supported, and spoke about them with care and affection. One staff member said, "Some people have great families but some need a bit more, we are making a difference and people get what they need and deserve." Another said, "I love it, I love my work, caring for people, it's very rewarding. It's a pleasure to come to work." Other staff told us, "The residents are the best part of the job," and "We care about people, it's good to say we've accomplished something with residents."

We looked at how people and their relatives were involved in the home. Whilst a formal complaint had not been made, one person told us their relative had raised concerns about the lack of action from residents and relatives meetings and the cancellation of meetings. The acting home manager had responded positively to this and had reintroduced regular relatives and residents meetings. People felt this was a positive reintroduction which allowed them the opportunity to be involved with ideas and be kept up to date with information about the home. People also told us they had received a quality feedback survey to complete, some of which had been returned. One person had commented, 'My life at Briardene has been some of my happiest.' Other people and their relatives had commented, 'Staff are great, always ready to help; much better since [acting manager] took over; home is a lovely friendly place, well done [acting manager] and staff.'

People told us they could bring their own furniture and belongings, and everyone's room looked

personalised and individual to them. Several people told us their rooms were to be refurbished with new carpets and curtains, although they said they had not yet been involved in choosing them.

There was a coffee shop area at the reception to Briardene Care Home and many people chose to sit there rather than in the lounges. People told us, "We can see what's happening if we sit here."

Requires Improvement

Is the service responsive?

Our findings

We spoke with people about the care they received and people told us their individual needs were being met. Some care records were detailed and personalised in their content, making reference to people's capacity to make decisions and to their personal preferences. Other care plans, especially those relating to the management of diabetes and those for moving and handling lacked detail in relation to specific strategies to support people. For example, one care plan stated, 'Requires use of a hoist and two staff for transfers." There was no detail on the specific hoist or sling that was required or how to safely support the person. The acting manager explained they were in the process of updating all care documentation and rewriting the care plans and risk assessments. A priority list was in place to indicate whose records should be completed first and a tracker was being used to monitor completion.

We saw where care plans had been re-written the information was detailed and individual to the person showing their preferences for how they wanted to be supported as well as indicating their needs and how these should be met.

An agency nurse told us care plans were being re-written and updated by the permanent nursing staff. They confirmed the new plans contained the information they needed. They said, "The care plans are easier to understand and read, we have new food and fluid charts and records for positional changes." Care staff are getting used to them and its helping to keep staff aware of people's needs and to share information with the nurses for monitoring."

Action was also being taken to ensure each person had a fully complete one page profile and 'This is Me' document. The activities coordinator was meeting with people and their family and/or friends in order to gain the required information. These documents are used so staff can get to know the person and their life history.

People told us they had no concerns about the care and support they received. One person said, "I've got no worries or concerns," they added, "[Acting manager] is very approachable." Another person told us, "I am very happy here, I would recommend it highly, I speak as someone who used to be (social care professional)." They added, "I could not be more satisfied no worries at all."

Complaints were recorded and it was evident that action had been taken to resolve concerns and learn lessons. For example there were complaints about the standard and availability of information so 'bedroom folders' had been introduced which contained key information on people's diet, positional changes and sleep. This information was easily accessible for family members who were keen to know about these areas of their loved ones care.

Acknowledgement letters had been sent for each complaint however outcome letters were not always available within the file.

During a recent quality assurances survey some people and relatives had commented that they would like

more trips out and more activities such as singing. One person told us, "I'm quite independent but there's not much for men to do." The activities coordinator told us they spoke with people to find out their interests and hobbies and based activities around these. For example, this included sit and fit, knitting, racing nights with bets, beer and crisps, discussions around newspaper articles, visiting entertainers, movie nights with popcorn and ice-cream, gardening and crafts.

The activities coordinator also explained that the Alzheimer's Society visited once a month for a question and answer session for relatives. This gave relatives of people living with a dementia the opportunity to raise any concerns or questions in an informal setting where they could access appropriate and relevant support.

Requires Improvement

Is the service well-led?

Our findings

The provider of Briardene Care Home had changed on 28 July 2017 when Mariposa Care Limited became the registered provider. A registered manager was in post and had transferred their registration with the previous provider to the new provider. They were not at Briardene Care Home during the inspection due to a planned period of absence. The deputy manager had been working as the acting manager since August 2017. They were able to explain their responsibilities in relation to safeguarding the people living at the home and managing and supporting the staff team. They were aware of the need to complete notifications to the Commission. We discussed lessons learnt in relation to safeguarding concerns, and accidents and incidents. The regional manager said, "Mariposa are very keen on lessons learnt and analysis of information." We saw this was discussed within managers meetings and the acting manager had an action plan which identified the need to complete reflective practice accounts following incidents or concerns to review for lessons learnt.

Several people and relatives made positive comments about the improvements at the home since the acting manager had come into post. One person said, "[Acting manager] is nice and approachable." Another person commented, "Everything is working well now." Another person said, "I would say it's well managed here." A relative said, "Since [acting manager] has been in charge the place seems lighter, nicer, the staff seem happier and procedures are in place. She is very approachable." The acting manager told us they felt fully supported by senior managers and also by the staff team, people and their relatives.

Clinical staff meetings were held which evidenced staff had the opportunity to discuss any clinical issues in relation to people's needs. The acting manager explained they were working towards a more comprehensive review of clinical procedures.

The acting manager explained they had recently introduced heads of department meetings as an opportunity to discuss any management, housekeeping, maintenance and administration issues. Staff confirmed there were regular staff meetings held and said they could share any concerns and felt listened to.

Regional managers meetings were also held where areas for improvement and action plans were discussed. Some common themes had been identified as areas for improvement which included documentation, handovers and the honest and regular completion of audits and action plans.

The most recent managers meeting in September 2017 had focused on sharing good and poor practice and the need to learn from safeguarding, complaints and incidents. There was also emphasis on the migration and monitoring of care plans to the new formats and the need to ensure action plans were in place.

A range of quality assurance tools were used which included observations of the dining experience as well as audits of nutritional assessments, skin integrity, infection control and care plans. A quality monitoring follow up report dated 5 September 2017 identified specific improvements that were required and these had been included on an overarching action plan with timeframes for completion. The action plan had been

introduced during the inspection so we could not assess the provider's perspective of what improvements had been made and whether these were sustainable.

The acting manager told us the biggest challenge was, "There is so much to do and I want it all done there and then but I am prioritising and delegating." They added, "Once the new deputy is in post it will be easier and we will work well together. The team work well for me already." They added, "There's a good team ethos and consistent agency staff who are helping us."

All the staff were positive about the acting manager's ability and competence to improve the home. A nurse said, "Present management is good, things have changed for the better under (acting manager) especially paperwork. The good things recently are the changes that have happened and having (acting manager) leading these. She is committed and driven to make care excellent. What could be improved is the split between night and day shifts, cleanliness has improved recently. I have no concerns, if I did I would raise them with line management and if necessary with statutory agencies."

A care worker said, "The best things here are the residents and my colleagues we are a good team despite the difficulties. It could improve with more regular staff and more outings for the resident's, they don't get out much. I have no concerns; if I did I would go straight to management." Another care worker said, "I like it here, the residents are great and [acting manager] is very supportive. The two best things here are the residents and the staff team. Things could be improved with more staff."

A member of the ancillary staff said, "[Acting manager] is lovely, if you go to her with a problem it's sorted. Her doors always open for anyone."

The administrator told us, "This is a lovely home, the staff are so committed and the management are supportive, things have improved recently." They added, "I have no concerns, the care is of a high standard in my opinion." The hairdresser told us, "Management has been lacking to be honest. [Acting manager] has done so well she is present in the home, accessible and a quiet, reassuring leader."

An agency nurse said, "Improvements are happening with care documentation and we are keeping on top of things. There's plenty of support from [acting manager], they know me and know I'm very hands on." Another care worker said, "It's turning around now, it's getting there, most things are being addressed, such as referrals, information is available to keep people safe, its concise and it's up to date."